



PTO/SB/21 (08-00)

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

| | | | |
|--|----------------------|------------------------|-----------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/625,737 | |
| | Filing Date | July 24, 2003 | |
| | First Named Inventor | Koji DAIRIKI | |
| | Group Art Unit | 2822 | |
| | Examiner Name | Bac H. Au | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 0756-7176 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. Request for Continued Examination 2. 3. 4. 5. 6. |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number. |

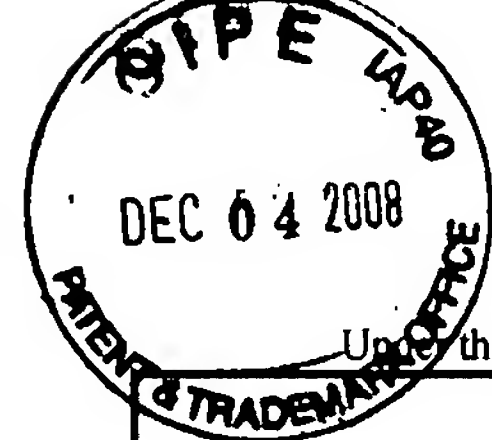
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|--|
| Firm or Individual name | Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165 |
| Signature | |
| Date | December 2, 2008 |

CERTIFICATE OF MAILING

| | | | |
|---|------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | | | |
| Type or printed name | Tiffany S. Banks | | |
| Signature | | Date | December 2, 2008 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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**FEE TRANSMITTAL
FOR FY 2009**

Effective 10/02/2008. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$ 810.00)*Complete if Known*

| | |
|----------------------|---------------|
| Application Number | 10/625,737 |
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| First Named Inventor | Koji DAIRIKI |
| Examiner Name | Bac H. Au |
| Group Art Unit | 2822 |
| Attorney Docket No. | 0756-7176 |

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|--|-----------------------------|-----------------------------|-----------------------------|--------------------|----------|
| 1001 | 330 | 2001 | 165 | Utility filing fee | |
| 1111 | 540 | 2111 | 270 | Search fee | |
| 1311 | 220 | 2311 | 110 | Examination fee | |
| Over 100 Sheets/270 for each additional 50 | | | | | |

SUBTOTAL (1)**2. EXTRA CLAIM FEES**

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--|------------------------|----------------|----------|
| <input type="text"/> -20** = | <input type="text"/> X | \$52 | = |
| Independent Claims <input type="text"/> -3** = | <input type="text"/> X | \$220 | = |
| Multiple Dependent <input type="text"/> | <input type="text"/> | | = |

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|
| 1202 | 52 | 2202 | 26 | Claims in excess of 20 |
| 1201 | 220 | 2201 | 110 | Independent claims in excess of 3 |
| 1203 | 390 | 2203 | 195 | Multiple dependent claim, if not paid |
| 1204 | 220 | 2204 | 110 | ** Reissue independent claims over original patent |
| 1205 | 52 | 2205 | 26 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---|-----------------------|-----------------------|---|----------|
| 1051 | 130 | 2051 | 65 Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 For filing a request for <i>ex parte</i> reexamination | |
| 1804 | 920* | 1804 | 920* Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* Requesting publication of SIR after Examiner action | |
| 1251 | 130 | 2251 | 65 Extension for reply within first month | |
| 1252 | 490 | 2252 | 245 Extension for reply within second month | |
| 1253 | 1,110 | 2253 | 555 Extension for reply within third month | |
| 1254 | 1,730 | 2254 | 865 Extension for reply within fourth month | |
| 1255 | 2,350 | 2255 | 1,175 Extension for reply within fifth month | |
| 1401 | 540 | 2401 | 270 Notice of Appeal | |
| 1402 | 540 | 2402 | 270 Filing a brief in support of an appeal | |
| 1403 | 1,080 | 2403 | 540 Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 Petition to institute a public use proceeding | |
| 1452 | 540 | 2452 | 270 Petition to revive - unavoidable | |
| 1453 | 1,620 | 2453 | 810 Petition to revive - unintentional | |
| 1501 | 1,510 | 2501 | 775 Utility issue fee (or reissue) | |
| 1502 | 860 | 2502 | 430 Design issue fee | |
| 1503 | 1,190 | 2503 | 595 Plant issue fee | |
| 1462 | 400 | 1462 | 400 Petitions, Group I | |
| 1463 | 200 | 1463 | 200 Petition, Group II | |
| 1464 | 130 | 1464 | 130 Petitions, Group III | |
| 1807 | 50 | 1807 | 50 Processing fee under 37 CR 1.17(q) | |
| 1806 | 180 | 1806 | 180 Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 Recording each patent assignment per property (times number of properties) | |
| 1809 | 810 | 2809 | 405 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 810 | 2810 | 405 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 1801 | 810 | 2801 | 405 Request for Continued Examination (RCE) | \$810.00 |
| 1802 | 900 | 1802 | 900 Request for expedited examination of a design application | |
| Other fee (specify) Terminal Disclaimer | | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$810.00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 2, 2008

SUBMITTED BY

| | | | | | |
|-------------------|------------------|------------------|--------|-----------|------------------|
| Name (Print/Type) | Eric J. Robinson | Registration No. | 38,285 | Telephone | (571) 434-6789 |
| Signature | | (Attorney/Agent) | | Date | December 2, 2008 |